Munchausen Syndrome and Munchausen Syndrome by Proxy

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Child Abuse

- Many forms
  - Sexual abuse
  - Physical abuse
  - Medical neglect

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Fatal child abuse

- Typically from Physical abuse
- Medical neglect
- Neglect
- Rate increasing over past years from 1.96 to 2.03 / 100K
  - May represent increased reporting

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Munch…what?

- Munchausen syndrome is psychiatric diagnosis
- Fake illnesses, diseases in order to draw attention to themselves
- AKA self-inflicted factitious disorder

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Malingering vs. Muchausen

- Malingering
  - Fabricated physical or psych disorder
  - Secondary gain
- Munchausen
  - Fabricated physical or psych disorder
  - No secondary gain

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Origins

- Named for Baron von Münchhausen
- Told tall tales after returning from war of going to the moon, etc.
- 1720-1797
- In 1950, Sir Richard Asher was first to describe condition of self-harm

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Munchausen Syndrome

- Need to assume role of patient
- Welcome invasive testing
- Welcome surgical interventions

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Munchausen Syndrome by Proxy (MSBP)

- Pediatric falsification syndrome
- Fabricated or induced illness
- Polle's syndrome
- Meadow's syndrome

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Recent changes to nomenclature

- APSAC recommends use of terms:
  - Pediatric condition falsification – describe the abuse itself
  - Factitious disorder by proxy – describe the motive behind the abuse
  - Munchausen Syndrome by Proxy when both are present

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MSBP

- First described in 1977 by British pediatrician Sir Roy Meadow
  - 2 mothers
  - One fed child excessive amounts of salt
  - One put her own blood in child's urine specimens
- Intentionally producing physical and/or psychological signs or symptoms in another person

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MSBP

- Typically seen in children
  - Form of physical, sexual abuse and/or neglect
  - Falls under child abuse laws in terms of reporting
- Cases documented in adults

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MSBP

- Different from somatoform disorder
  - Signs/symptoms real to person
  - Not voluntary, not simulated
- Different from malingering by proxy
  - Children coached to fake disabilities
  - Secondary gain

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Epidemiology

- True numbers unknown
- Diagnostic criteria vary
- Children < 1 year
  - 2 cases/ 100K
- Children < 16 years
  - 0.5 cases/ 100K

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MSBP families

- Siblings often victims
- Study by Bools 1992
  - 30% siblings poisoned or abused
  - Numerous sibling deaths
- Sibling deaths from SIDS
- Sequential MSBP reported 1998 by Arnold
  - Benadryl poisoning
  - 2 siblings

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Simulating illness

- State false history
  - Seizure
  - Fever
- Illness without physical signs

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Producing illness

- Caregiver causes a condition in the child
  - Poisoning child
  - Asphyxiating child
- Much more common than simulating illness
- Rosenberg study showed 70% producing illness

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Victims

- Usually less than 5 years old
- Mean age 20 months
- No gender predominance
- Signs/symptoms disappear when removed from offender

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Offender

- Typically white, middle to upper class, educated
- No socioeconomic group immune
- Usually mother/female caregiver
  - Contrast to MS – offender is typically male
- Usually have healthcare training

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Common Characteristics MSBP Offender

- Bio mother
- Extensive praise to medical staff
- High degree of attentiveness
- Calm despite severity of child's illness
- Shelters the victim
- Knowledgeable about victim's illness
- Some degree of medical education
- History of similar illness as the child
- Welcomes painful medical tests and procedures without question

From: Holstege and Dobmeier. "Criminal Poisoning: Munchausen by Proxy". *Clin Lab Med* 26 (2006) 246

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Common Characteristics MSBP Victims

- Dependent
- Display separation anxiety
- Immature
- Symbiotic relationship with caregiver
- Views offender as ideal parent
- Passively tolerates medical procedures
- Excessive school absence
- Not involved in normal social activities
- Failure to thrive
- Illness corresponds with presence of caregiver
- Illness resolves with close surveillance

From: Holstege and Dobmeier. “Criminal Poisoning: Munchausen by Proxy”. *Clin Lab Med* 26 (2006) 24

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Suspicions for MSBP

- Child with multiple hospitalizations/medical visits
- Medical problems unresponsive to treatment, follow unusual course
- PE/lab findings that are highly unusual, don't fit with history, or are impossible
- Caregiver is medically knowledgeable or is interested in medical details
- Caregiver enjoys being in hospital environment

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Suspicions for MSBP

- Caregiver expresses interest in other patients' illnesses
- Typically reluctant to leave child's side
- May be unusually calm in face of child's illness and is supportive/encouraging of the physician
- May be angry, demanding more procedures/transfer to "better" hospital

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Suspicions for MSBP

- Symptoms not present when away from caregiver
- May be family history of sibling with unexplained illness or death
- Emotionally distant relationship between the parents

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Intentional poisonings

- McClure article 1996 case series 128 children MSBP
- 40 children poisoned
- 38 different toxins
- 71% were prescription drugs
- Most common drugs were anticonvulsants and opiates

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Poisonings

- Very difficult to differentiate from true illness
- Window for toxicology usually closed once realization of possible poisoning

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Cases of hypoglycemia

- Low blood glucose
- Seen in patients with insulinoma
- Also seen in patients taking insulin or oral hypoglycemic meds
- Case report in Pediatrics 2005 of patient undergoing pancreatectomy

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Vomiting and ipecac

- Most common reported toxin in MSBP cases
- Available on Amazon.com for $2.79
- Can detect emetine and cephaeline in the urine for several weeks
- If given chronically, can cause GI bleed, electrolyte abnormalities, skeletal and cardiac myopathy
- Cardiomyopathy deaths reported

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Initial Clues

- Medical providers
- Nurses
- Social workers

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Difficulties in recognition

- Majority of parents have legitimate concerns
- There are medical conditions with these signs and symptoms
- Involvement of numerous doctors/subspecialties

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Making the diagnosis

- Need to suspect MSBP
- Detailed, specific testing of blood, urine for toxins
- Resolution of symptoms when separated from caregiver
- Covert video surveillance (CVS)

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Covert Video Surveillance

- Allows for 24/7 access to child's environment without caregiver knowledge
- Not available in all hospital settings
- Is available at Children's Healthcare of Atlanta

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Making the call for CVS

- Multidisciplinary team
- Doctors
- Nurses
- Risk Management
- Social Work
- Legal
- Security

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Role of Physician

- Usually the first person to raise concerns about MSBP
- Reviews medical records to look for patterns, unexplained illnesses in past
- Relay to team information about work-up and results to date

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Role of Nursing

- Have more direct interaction with patient and family
- Can fill the team in on details of hospital behaviors
- Give insight about mom's interaction with hospital staff and other parents

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Role of Risk Management

- Evaluate the need for invasion of privacy
- Evaluate risk of harm to child
- Make recommendations to team about necessity of CVS

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Role of Social Work

- Explore social aspects of parent
- Serve as resource for parent
- Report to team any information gleaned from parent about life outside of hospital

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Role of Attorney

- Work with risk management to determine when invasion of privacy outweighs risk of possible harm to child
- Create documents allowing for CVS

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Role of Security

- Monitor the CVS 24/7
- Report any suspicious activity to nursing staff
- Maintain accurate documentation

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Team approach

"The complexities involved in MSBP case compilation necessitates a union of forces within the legal, medical, social/protective service, and law enforcement professions. There is no other type of investigation that requires an understanding and protocol between agencies to the degree required in MSBP investigations"

Kathryn Artingstall in "Practical aspects of muchausen by proxy and munchausen syndrome investigation"

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Use of CVS at CHOA

- Started in 1993
- 41 patients monitored 1993-1997
- Dr Hall published results in Pediatrics in 2000

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CHOA cases

- 23 of the 41 cases were determined to be MSBP
- 13 required CVS in making the diagnosis and supportive of the diagnosis in 5
- 5 confirmed case without requiring CVS
  - 2 confirmed by labs
  - 2 confirmed by direct observation
  - 1 confession

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CHOA cases

- Recurrent sepsis
  - Mom found to be injecting urine into IV
- Unexplained lethargy
  - Mom putting chloral hydrate in GTube

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Mothers' behaviors

- Remarkable for the fabrication group
- Heard on phone telling lies to family members and friends
- Mom told of need for operation and her unwillingness
- Mom described constant seizures when there were none
- Moms attentive to child when medical staff present and ignore child later

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Atlanta profiles

- All perpetrators in study were the mothers
  - Subsequently, there has been at least 1 father seen on CVS harming child
- Majority of moms (55%) worked in healthcare setting
  - 25% worked in daycare
  - 85% either mom or dad worked in healthcare or daycare fields

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Atlanta presenting signs/symptoms

- Apnea
- Persistent undiagnosed symptoms
- Vomiting

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Atlanta methods of injury

- Suffocation
- Injection of body fluid
- Giving oral medication
- Fabrication

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MSBP ruled out by CVS

- 4 cases with CVS for suspicion of MSBP
  - 8 month old with central sleep apnea
  - 7 year old with multiple diagnoses
  - 1 year old with apneic episodes observed to have anxious and frightened mom with false alarms
  - 3 year old with apnea diagnosed with seizures

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CVS in UK

- 2 hospitals in UK
- Children admitted with ALTEs
- 39 children
- 33 of 39 shown to be abused using CVS
- Suffocation shown in 30 cases
- Poisoning and intentional fracture observed

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As in the AJC 3/12/07

Father caught trying to suffocate son

A father was arrested Sunday at a children's hospital, charged with trying to kill his baby.

Concerned because the 3-month-old boy was having recurring breathing problems that a battery of tests failed to diagnose, hospital officials placed a camera in the baby's room and were shocked by what they saw: The boy's father, police said, had his hands over the infant's mouth and nose, suffocating him.

Staffers stopped the father and called police. The father, Michael Charles Callaway, is now in the Fulton County Jail, charged with aggravated assault and cruelty to children.

Callaway's son had been at the Children's Healthcare of Atlanta at Scottish Rite since late February.

Sandy Springs police said the child was placed in a room with a hidden video camera, which caught Callaway, 28, of Blairsville, covering his child's nose and mouth deliberately, said Lt. Steve rose.

Kevin McClelland, a hospital spokesman, said hospital officials are working with authorities but would not release any details about the case, citing patient confidentiality and the ongoing criminal investigation.

Rose said police are trying to see whether it is a case of **Munchausen Syndrome by Proxy, a mental condition where a caregiver induces an illness in a person under their care in order to attract attention to themselves.**
The boy was released from the hospital Monday because doctors found nothing wrong with him.

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Despite proven MSBP, there's

M.A.M.A.

the discredited theory of **M**others **A**gainst **M**unchausen ***Syndrome by Proxy*** **A**llegations

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Per the website www.msbp.com

“The madness continues as the "experts" debate over this controversial diagnosis. Some say it is rare, while others claim it is common. The evolution of this diagnosis continues as even the name is debated...Factitious Disorder by Proxy, Meadow's Syndrome, Pediatric Falsification, etc. All while vying to be the top expert in this field, some claim it is a psychiatric condition, while others state it is a medical diagnosis, or a pattern of behavior. Yet they all involve identifying the psychological motivation of the parent. Munchausen by Proxy is not recognized by the American Medical Association or the American Psychiatric Association. Any physician who diagnoses this 'disorder' rather than identifying actual abuse by medical evidence, should be reported to the Ethics board.

Innocent Mothers Are Profiled and removed from their medically fragile child **without any evidence that a crime has even occurred**. Often, on the basis of a single phone call from a doctor, CPS will rush in and confiscate a child without even interviewing the parents, **leaving the "investigation" to the accusing physician!** Mom and dad will be instantly treated as criminals, *guilty until proven innocent*, and may lose the rest of their children as well. In reality, the accusers, medical caregivers and **Child Protective Service (CPS)** workers often perpetrate the real abuse.”

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Stems from a case at Vanderbilt

- Philip Patrick
- Died at 11 months of age
- Mother, Julie, started the webpage
- She was exonerated after review of autopsy showed he died of peritonitis
- MSBP was given as initial cause of death and parents were only allowed limited visitations

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AAP

- Recognize MSBP
- States that CVS is not the gold standard for diagnosis of MSBP
- Advises use of multidisciplinary team approach to cases of suspected MSBP

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Dr Meadows

- First to describe MSBP in UK (1977)
- *"one sudden infant death is a tragedy, two is suspicious and three is murder, until proved otherwise"* – Meadow's Law
- Expert testimony about cot death and MSBP
- Sally Clark found guilty of death of her 2 sons mainly due to Meadows' testimony
- Court overturned some convictions in past
- Does NOT discount diagnosis of MSBP
- Often cited by defense to counter MSBP diagnosis

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A diagnosis is made, now what?

- First and foremost, protect the child
- At CHOA, nurse alerted and removes child from caregiver
- CVS reviewed and if felt to show intentional harm, law enforcement notified

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Psychiatric treatment

- Needed for caregivers
- Often needed for victims
  - Reports of having significant psychological difficulties later in life
    - Conversion symptoms
    - Fabrications
    - Poor school attendance
    - Poor concentration

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Survivors of MSBP

- Many suffer from PTSD
- Difficulty maintaining relationships
- Insecurity
- Often play victim role
- Difficulty separating fantasy from reality

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Role of the internet

- Increasing availability of medical diagnoses to lay persons
- Potentially enabling offenders
- Allows for sympathizers as well

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Confusion and misdiagnosis

- Patients with unexplained medical findings may have real disease
- Numerous tests often necessary to rule in or rule out various diagnoses
- Don’t want to “jump” to diagnosis of MSBP

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Doctor shoppers

- Parents often take their children to numerous doctors for “second opinions”
- Seen in both MSBP and non-MSBP cases
- Isn’t indicative of harm, and in most cases, shows true concern

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Role of community

- Recognize that MSBP does occur
- Awareness of child abuse in general
- Collaboration of various agencies on these difficult cases
- Maintain balance of privacy and protecting children from harm

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Refining the process

- Analyze each case to make improvements
- Expand surveillance of the rooms
- Put plans in place for unique situations – such as non-English speaking parents
- Protocol

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Case of MSBP in PICU

- Not previously described
- Often felt that MSBP couldn't occur in closely-monitored environment such as the ICU
- 3 year old seen being extubated by mother on CVS

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Increasing awareness

- Needed by all medical providers in order to diagnose MSBP early
- Will save lives, invasive procedures
- Not limited to medical personnel

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Summary of MSBP

- Caregiver, typically mother, either inducing or simulating illness in child
- Perps seem to “enjoy” the medical environment
- Diagnosis often not in differential
- Requires multidisciplinary team approach
- There is a role for CVS

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Videos

- http://www.youtube.com/watch?v=UVLqADEdrig&feature=related

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Questions

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